



# Appointment Standardization

## Implementation Update

*Integrated Program Team*

*24 October 2000*

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# Purpose

- To provide an update on the appointment standardization program
- To present implementation options
- To gain consensus on correct implementation process/options
- Establish a timeline



# Agenda

- Why appointment standardization?
- Background
- What is appointment standardization?
- What has been done?
- Technical enhancements
- What can be done now?
- Implementation Options
- Pros and Cons/Carrots and Sticks
- Decide on option
- Decide on timeline



# Why Appointment Standardization?



- GAO concern/JCS expectation
- Beneficiary confusion on who to call for appointment
- Beneficiary confusion on what to ask for
- Lack of effective means to reserve appointment slots for enrolled beneficiaries
- MTFs retaining appointment scheduling functions that should be given to contractor
- Differences between MTFs on what is considered a “complex” appointment necessitating MTF scheduling



# Background



- Mission Need: Reduce variation of appointment types to improve overall beneficiary service
- Source of Requirement/Mandate:  
ASD(HA)/GAO/JCS
  - GAO: *Observations on Proposed Benefit Expansion and Overcoming TRICARE Obstacles*
  - GAO: *Appointment Timeliness Goals Not Met*
  - GAO: *Factors Affecting Contractors' Ability to Schedule Appointments*
- Organization: Appointment Standardization IPT Chartered May 1999



# What Is Appointment Standardization?



- IPT's objective is to develop an implementation plan for standardizing the appointment types and other data elements within the MHS Composite Health Care System (CHCS) and to establish MHS appointment process business rules.
- To book the Right patient to the Right provider at the Right time at the Right place.
- Reducing thousands of appointment types to nine
- Work closely with Enrollment, E-health, PCMBN IPTs; CITPO, TMA Data Quality, Regions and the Services.



# What is Appointment Standardization?



Existing  
Data Field

**PCM - Initial Primary Care**  
**SPEC - Initial Specialty Care**  
**ACUT - Acute**  
**ROUT - Routine Appointment**  
**WELL - Wellness, health promotion**  
**PROC - Procedure with designated time allotment**  
**EST - Established patient with designated time allotment**  
**TCON - Telephone Consult**  
**GRP - Group/Class**

Existing  
Data Field

+ **Standard Clinic Location Names**  
(To be standardized)

**Booking  
Authorit**  
Existing  
Data Field

**Patient Access  
Type**  
\*New  
Data Field

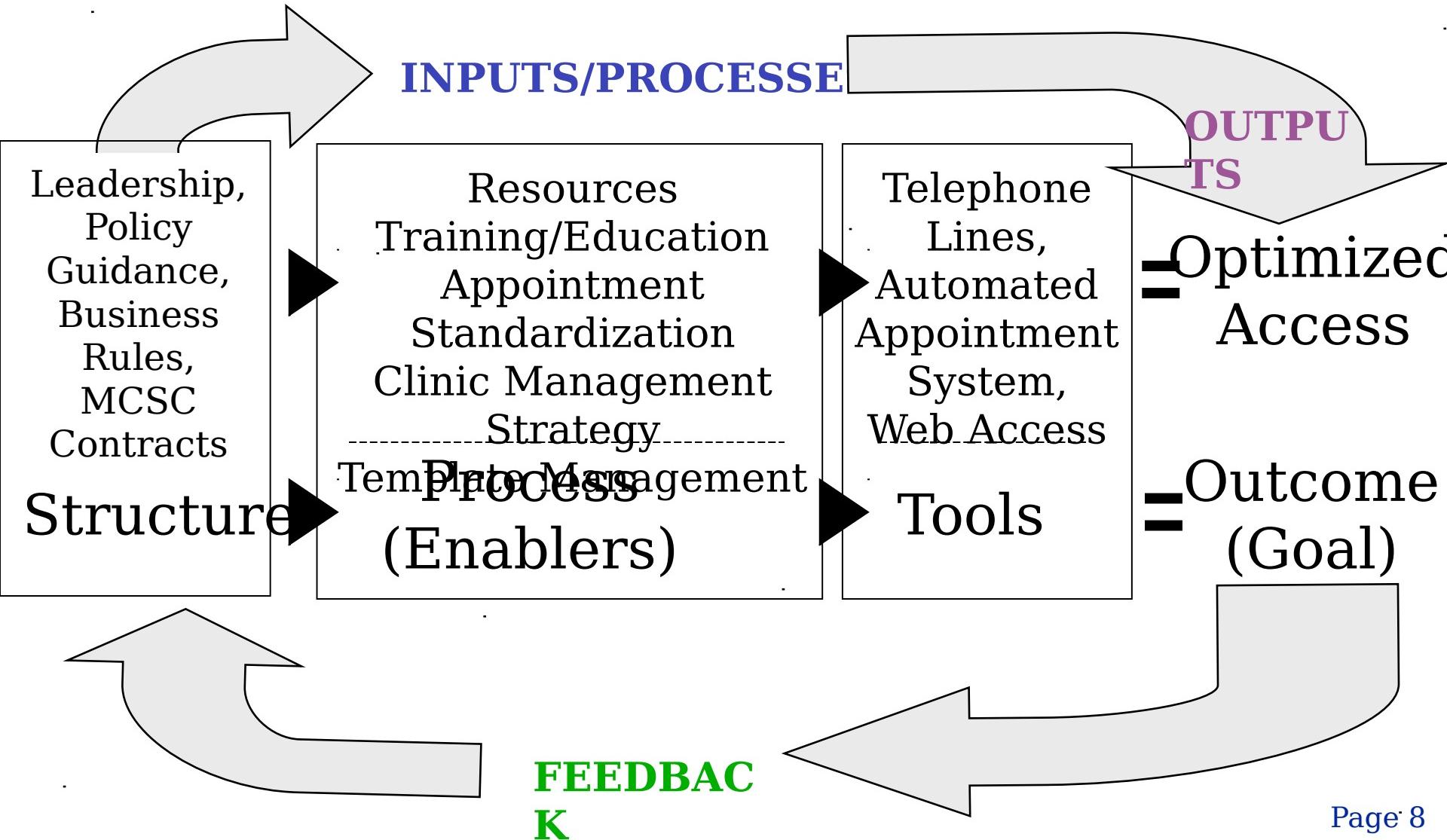
**Age  
Delineation**  
\*New  
Data Field

**Appointment  
Time &  
Duration**  
Modified  
Data Field

**Appointment  
Detail Field**  
\*New  
Data Field



# Conceptual Model For Optimizing Success





# What we have done

## Policies



- Policy memorandum signed by Dr. Bailey directing that implementation will begin 1 October 2000 and continue for one year. (See memorandum and pen and ink changes)
- Policy provides a standardized methodology to implement appointment standardization.
- Draft policy directs total use of MCP of CHCS by 1 December 00.
- Appointment standardization IPT has developed several educational materials and technical solutions which will assist in implementation.



# *What we have done*

## *education*



- TRICARE Access Imperatives website stood up on 28 August 00. <http://www.tricare.osd.mil/tai/>
- Two CBT lessons developed:
  - MCP for Dummies for first time users-on the street
  - MCP for advanced users of the appointing and scheduling functions-will be completed first week of November 00
- Web accessible or CD ROM



# *What we have done*

## *education*



- Cookbooks on software enhancements- going on web site
- 5 day regional MCP super user's training: developed for file and table builds and scheduling. Still inventorying needs for more training this year.
- Commander's Guide to Access Success developed to assist Commander's and staff in implementation (see outline)
  - A how to manual on implementing appointment standardization at the MTF
  - Who, what, where, why and what to measure guide to success



# *What we have done*

## *education*



- Plan to offer/conduct business education seminars tailored at Commander's, providers, appointment supervisors and systems administrators from now until next September. (See draft syllabus.)
- Venue's will be selected based on the choice and affordability of the Regions/Services. Options include:
  - Separate regional meetings
  - Tied to regional conferences
  - VTC
  - Annual TRICARE Conference



# ***What we have done education***



- Who has signed up for regional conferences?
  - Region 1 - Today and hopefully again
  - Region 11 - Maybe mid-December 2000
  - Central Region - May 2001



# ***What we have done***

## ***Contract Management***



- Two Independent Cost Estimates have been initiated:
  1. Mandates the use of MCP by the contractor. Completed.  
Cost: \$12,000 for Regions 3/4 and Central.
  2. Mandate the use of nine standard appointment types, standardized clinic names, and methodology. Working on language. Possible cost unknown. Should be completed EOM November 00.
- Office of the general counsel has been consulted to allow MCSC IPT membership. Hoped to increase involvement will add to better team work and faster implementation of practices.



# Technical Enhancements

## APS Phase I



- ❑ Alpha test 25 October, Madigan Army Medical Center. Full release will start 29 October.
- ❑ 9 standard appointment types added to the Appointment Type table, with nine additional codes that are each standard appointment type with a \$ suffix allowing sites to identify “MTF Book Only” appts., e.g. PCM\$, ROUT\$, etc.



# Technical Enhancements

## *APS Phase I continued*



- ❑ 57 standardized appointment detail fields will define special clinical resources/restrictions on appts., e.g. retinal screening, asthma evaluation, diabetes patients. Not a complete list.
- ❑ The PAS BOK option will be removed from the primary menu for all users.



# Technical Enhancements

## APS Phase II



- In development
- Best guess for release will be
  - Early as February 01
  - Late as August 01
- Improves, appointment sort and search functions based on the rules established with the Appointment Standardization IPT
- Will allow designation of web base appts.



# *A Word On Technical Enhancements*



- Enhancements to CHCS are not needed to implement appointment standardization
- Why?



*These facilities are  
doing it*



- NH Camp Pendleton
- NH Jacksonville
- Keesler AFB Medical Center



# *What Can MTFs Do Now To Implement Appointment Standardization?*



1. Provide leadership
2. Change business rules
3. Use feedback
4. Support education/training
5. Make your own technical enhancements to CHCS



# Leadership



- ❑ If its considered important, it will get done
- ❑ Form a PAT or a Tiger Team
  - ❑ Managed Care/Clinic Administration
  - ❑ Appointments
  - ❑ Clinical Support
  - ❑ Resource Management/MEPRS
- ❑ Education and training



# Leadership

## Continued



- Personnel-lower ranks/grades will make this happen
- Regular review of:
  - Clinic templates
  - Provider templates
  - Schedules
  - Reports



# Business Rules



- Clean up files and tables
- Reduce appointment types
- Patient focused
- Maximize MCSC support
- Clinic Templating
- Provider Templating
- Access Management
- Schedule Management Service



# Implementation Options



- What do we need to do now?
- The TMA front office view.
- The TRICARE Region One Board of Director's Meeting
- Options:
  - MOU
  - Directive letter from TMA/ASD(HA)
  - Combination
  - Others?



# Implementation Options



*What do we need to do now?*

- Dr. Bailey policy memorandum states clearly that Appointment Standardization needs to be completed by 30 September 2001.
- Factors to consider:
  - Leadership issues
  - Marketing issues
  - Education issues
  - Feed back issues
  - Technical issues



# Implementation Options

## The TMA Front Office View



- TMA realizes that APS needs to implemented.
- What would make it easier?
  - Technical enhancements of APS Phase II
  - APS will come out after NED, which is supposed to be released in April 01.
- Try to get APS Phase II moved up on the release schedule.
- Front office wants a brief as to outcome of this meeting.



# Implementation Options

## The TMA Front Office View



- Meeting prior to my brief with Region One
- Front office discussed that before implementation options are provided to the field that we should find out how the attitude is and then report back.
- Conducted an evaluation of Region One.



# Implementation Options

## The Region One Experience



- Presented at the request of CAPT Remmenga.
- Meeting was held at McGuire AFB on 18 Oct 00.
- Approximately 70 personnel from Region One attended.
- Commanders, administrators, department heads, NCOs; most corps represented.
- Gave them an update as what the program is, what needs to done, who needs to do it.
- Did not tell them the specifics of how we where going to make them implement.



# Implementation Options

## The Region One Experience



- ❑ Talk lasts approximately 45 minutes
- ❑ At the end of the presentation handed out a questionnaire.
- ❑ Consisted of 10 questions.
  - ❑ Three demographic questions
  - ❑ 7 attitude and general information questions
- ❑ Received 29 responses.



# Implementation Options

## The Region One Experience



- Instructions: Response to this survey is strictly voluntary. Answers will be used to target future Appointment Standardization Integrated Program assistance efforts. All answers will be kept confidential.



# Implementation Options

## The Region One Experience



### Demographics:

- Corps: MC, MSC, NC, DC, BSC, Enlist/NCO
- Job: Commander, Administrator, Dept Chief, Other
- MTF Size: Small, Medium, Large, Very Large



# Implementation Options

## The Region One Experience



### Questions:

1. I found that the speaker presented the material in such a way to hold my interest? 1 Strongly disagree to 5 Strongly agree.
2. I found the content of today's brief sufficient to understand how to implement appointment standardization at my facility. 1 Strongly disagree to 5 Strongly agree.
3. Implementation of appointment standardization will improve the operations of my facility and service to our beneficiaries, putting the right patient, with the right provider, at the right time at the right place. 1 Strongly disagree to 5 Strongly agree. If not why not? \_\_\_\_\_.



# Implementation Options

## The Region One Experience



### Questions:

4. Rank in descending order by placing a 1 thru 6 next to the choices of who appointment standardization educational efforts need to be targeted at:
- a) Commanders
  - b) Providers
  - c) Appointment Supervisors
  - d) Appointment Clerks
  - e) Information Systems Personnel
  - f) Other \_\_\_\_\_.

5. (Circle One) There are more important optimization projects to do other than appointment standardization implementation.

**1    2    3    4    5**

Strongly      Strongly

Disagree      Agree

If so what? \_\_\_\_\_

6. (Circle One) What venue do you think business rules training should take place?

- a) Separate regional conference      b) Via the Internet      c) CBT      d) VTC      e) In conjunction with regional TRICARE conference      f) Annual TRICARE Conference
- g) Other \_\_\_\_\_

7. Other recommendations to help us help you implement appointment standardization. \_\_\_\_\_
-



# Implementation Options

## The Region One Experience



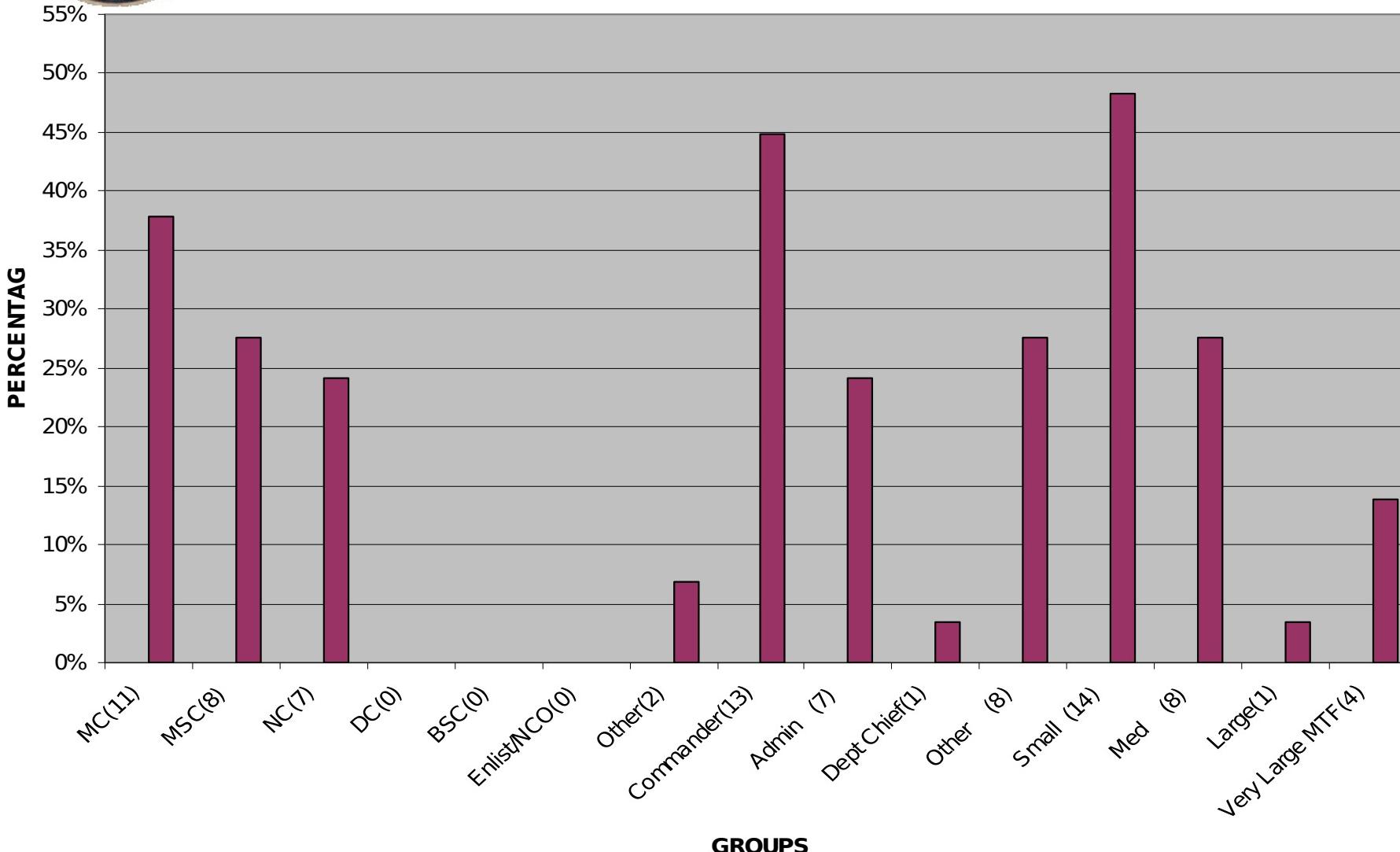
### Questions:

5. There are more important optimization projects to do other than appointment standardization implementation. 1 Strongly disagree to 5 Strongly agree. If so what? \_\_\_\_\_.
6. What venue do you think business rules training should take place? a) Separate regional conference, b) Via the Internet c) CBT, d) VTC, e) In conjunction with regional TRICARE conference, f) Annual TRICARE Conference, g) Other \_\_\_\_\_.
7. Other recommendations to help us help you implement appointment standardization. \_\_\_\_\_.



# Results

## APPOINTMENT STANDARDIZATION EVALUATION DEMOGRAPHICS

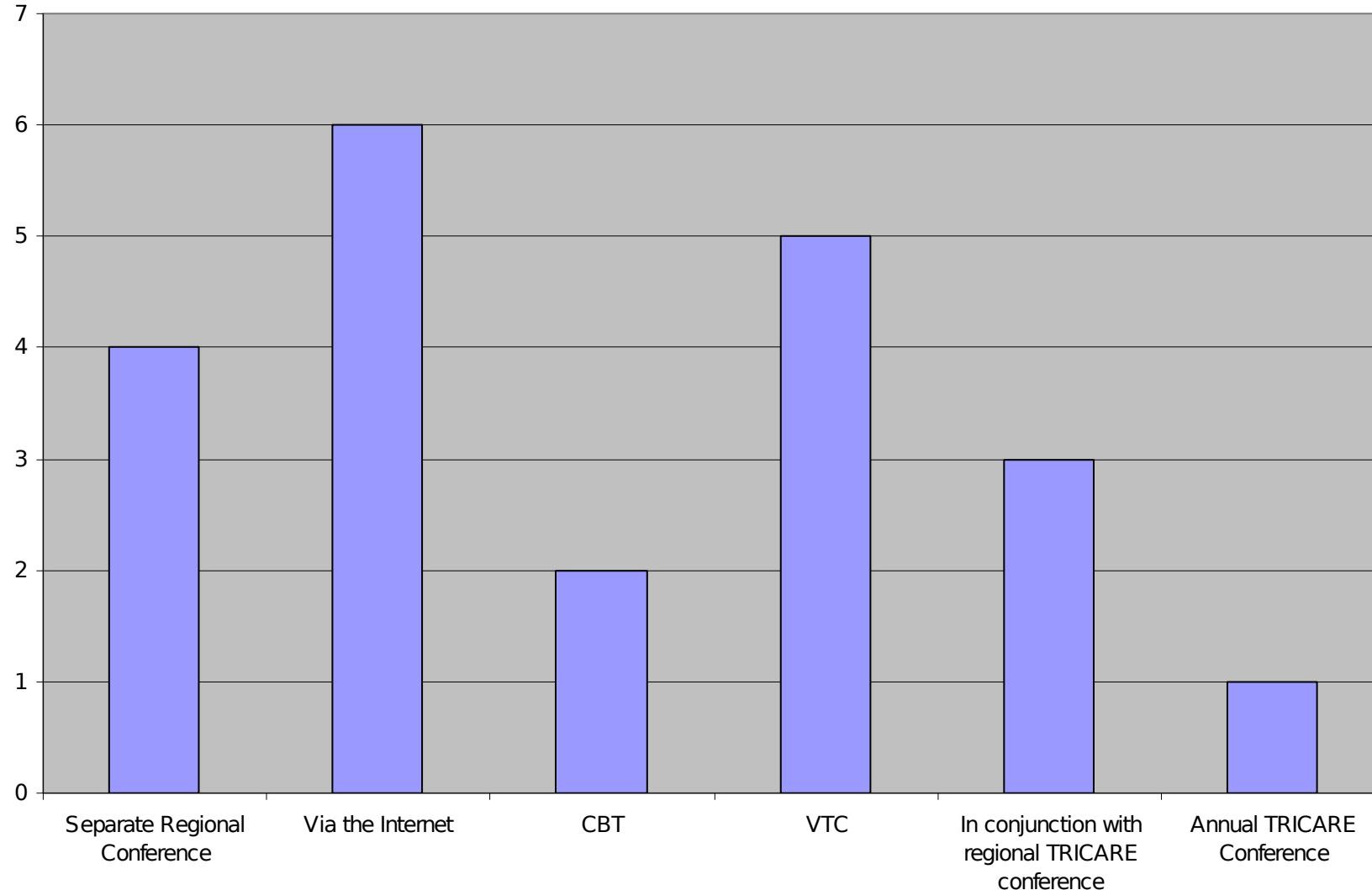




# Results



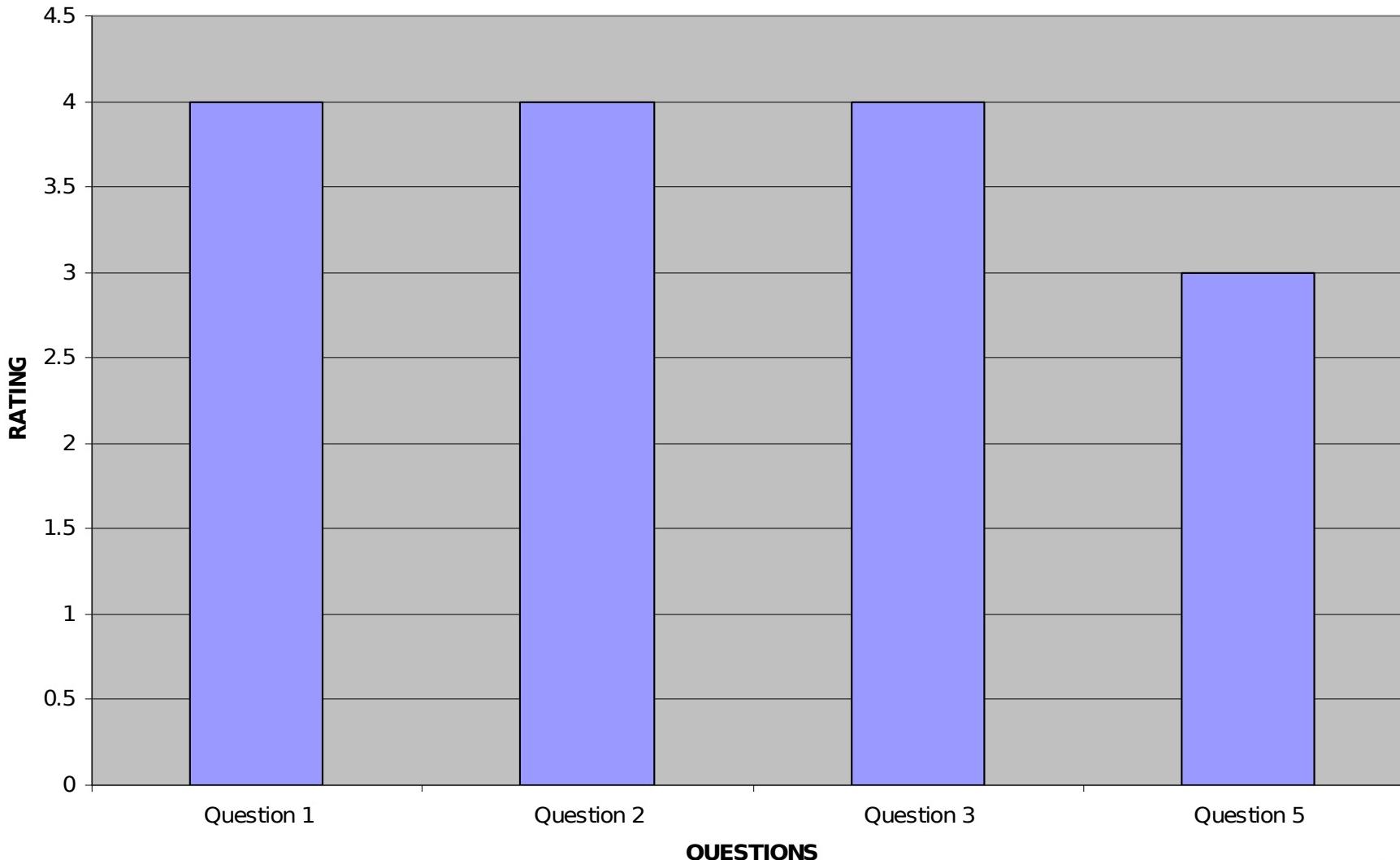
**WHAT VENUE DO YOU THINK BUSINESS RULES TRAINING SHOULD TAKE PLACE?**





# Results

## APPOINTMENT STANDARDIZATION EVALUATION QUESTIONS

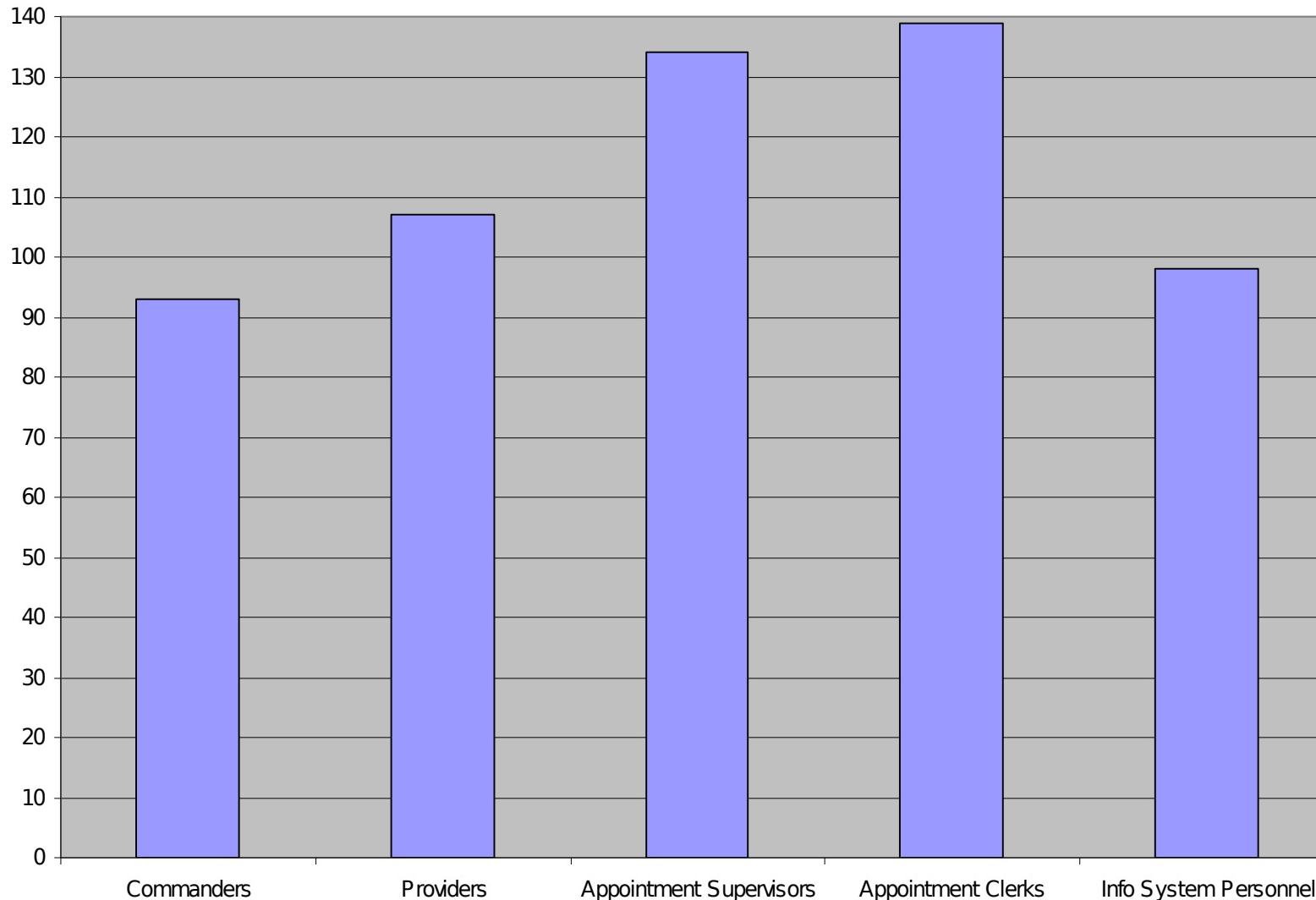




# Results



**APPOINTMENT STANDARDIZATION EDUCATION EFFORTS NEED TO BE TARGETED AT:** *Management Activity*





# *Results*

## *Appointment Standardization Education Efforts Need To Be Targeted At:*

- Managed Care
- Patients
- Administrators/Nurses
- Clinic Managers
- Clinic Staff



# *Results*

## *Other Recommendations:*



- Just do it! It is easy to put off.
- Get feedback from  
Commanders/Appointment Clerks
- Education and Training is key



# Results

## Other Recommendations:



- Provide directive with non-negotiable implementation date
- Site visits are a must! Each facility is different and has its own specific issues with this implementation
- Liberal assistance from consultants



# Results

## Other Recommendations:



- ❑ The more centralized the appointment, the least beneficial. The closer to the clinic the better. Best would be each clinic to make all their own appointments. They would know the doctors and know the patients



# Results

## *What venue do you think business rules training should take place*



- There needs to be several venues due to transferring personnel, system availability, etc.
- On site
- At MTF Level
- Combinations of executive class for Commanders, hands on for appointment people - back up on Internet - Logical explanation of why we're doing it for providers



# *Results*

## *What venue do you think business rules training should take place*



- Awareness on CBT training in TRICARE conference



# Implementation Options



- Options:
  - MOU
  - Directive letter from TMA/ASD(HA)
  - Combination
  - Others?



# Implementation Options



## MOA

- Sign up the MTF, Region, Service, and TMA to a Memorandum of Agreement (see draft MOA)
  - MTF Commander**
  - Lead Agent**
  - DSG**
  - Deputy Executive Director TMA**
- Or combination of some of the above.



# Implementation Options



## MOA

- Commander acknowledges/agrees to:
  - With Service approval access to his/her CHCS host by the TRICARE Operations Center (TOC)
  - Has been provided all required education, technical training, and data analysis tools to enable his/her MTF to implement appointment standardization practices. He allows the TOC to access to his CHCS host for the purpose of producing reports to monitor his progress.
  - A date when 90 percent or greater of his/her total appointments made use the nine standard appt. types
  - Any education, technical training and other support that is due



# Implementation Options



## MOA

- Lead Agent acknowledges/agrees to:
  - Actively monitor and report performance of their MTF commander's appointment standardization implementation progress on a monthly basis
  - Once the 90 percent standard is met, agrees that monitoring will only be performed on a quarterly basis
- Service DSG acknowledges/agrees to:
  - Allows access to MTF Service specific CHCS host
  - Receives reports from the Deputy Executive Director, TMA on a monthly basis and reports progress of Service specific MTFs
  - Appointment standardization implementation will no longer be monitored on a monthly basis once standards are met



# Implementation Options

## MOA



### Deputy Executive Director, TMA acknowledges/agrees to:

- Provide Appointment Standardization program management
- Provide business rules education, technical training support, monthly report services and feedback from the TOC to all parties concerned
- Reporting services will only be provided if the TOC is provided access to the Service specific MTF CHCS host
- Reports will include the Standardization Appointment Types Utilization Report, information as stated in the Template Analysis Tool and the Access To Care report.
- Monthly monitoring of MTF appointment standardization implementation activities will cease once standards are met.
- Quarterly reporting will be continued but strictly as service for MTF commanders.



# Implementation Options

## MOA



### Pros:

- MTF Commanders, Lead agents and DSGs have ownership of the solution.
- All MTFs are accounted for.
- Service/Lead Agents can run the show.
- IPT members get involved.
- Easy to monitor.

### Cons:

- Hard to coordinate.
- Would take some time to get MOAs signed.
- IPT members get involved.



# Implementation Options

## Policy Directive



- Memorandum directs the field to implement appointment standardization operations by 30 September 2001.
- Directive from:
  - DSGs?
  - SGs?
  - Lead Agent?
  - Director TMA?
- Monitor until complete.



# Implementation Options

## Policy Directive



- Memorandum will direct what needs to be accomplished-i.e. file and table builds; business rules changes; formation of teams to make the transition.
- Provides how to get assistance-i.e. CBTs, TAI website, IPT member, Commander's guide, educational conferences.
- Directs what the results should be-i.e. 90 percent of total appointments made will use one of the nine appointment types.



# Implementation Options

## Policy Directive



### □ Pros:

- Less coordination required.
- Shorter time required to implement.
- Easy to monitor.
- Little IPT member involvement.

### □ Cons:

- Directive in nature.
- May encounter resistance/TMA viewed as the enforcer.
- Little IPT member involvement.



# Implementation Options

*Combination of directive with the  
MOA*



## □ Pros:

- With an MOA- Lead Agents/Services can get started now with the anticipation of the policy directive coming.
- Ownership of the process in where it should be.

## □ Cons:

- Still difficult to implement without Service approval.



# Interim Steps?



- Brief CoS, TMA-TMA
- Brief COO, TMA-TMA
- Brief Executive Director, TMA-TMA
- Brief DSGs-TMA/Service Reps
- Brief SGs-Possible TMA/Service Reps
- Brief Lead Agents-LA Reps
- Brief ASD(HA)-TMA



# Interim Steps?



- Gain access to CHCS hosts
- Devise reports
- Training for APS Phase I release
- Complete requirements for APS Phase II
- Decide on business rules training venues
- Complete Commander's Guide to Access Success
- Others?



# Feedback

## Carrots and Sticks



- Carrots:
  - If they hit the mark monitoring stops
  - Could be reward in other ways in implementing appointment standardization?
  
- Sticks:
  - TMA/Service/Lead Agent monitors



# *How Do We Monitor?*

1. Standardized Appointment Types Utilization Report
2. Template Analysis Tool
3. PAS/MCP Utilization
4. Access to Care



# How Do We Monitor?

Standardized Appointment Types Utilization Report:

Appointment made using the appointment types

Total number of appointments made

Data Source: CHCS Host

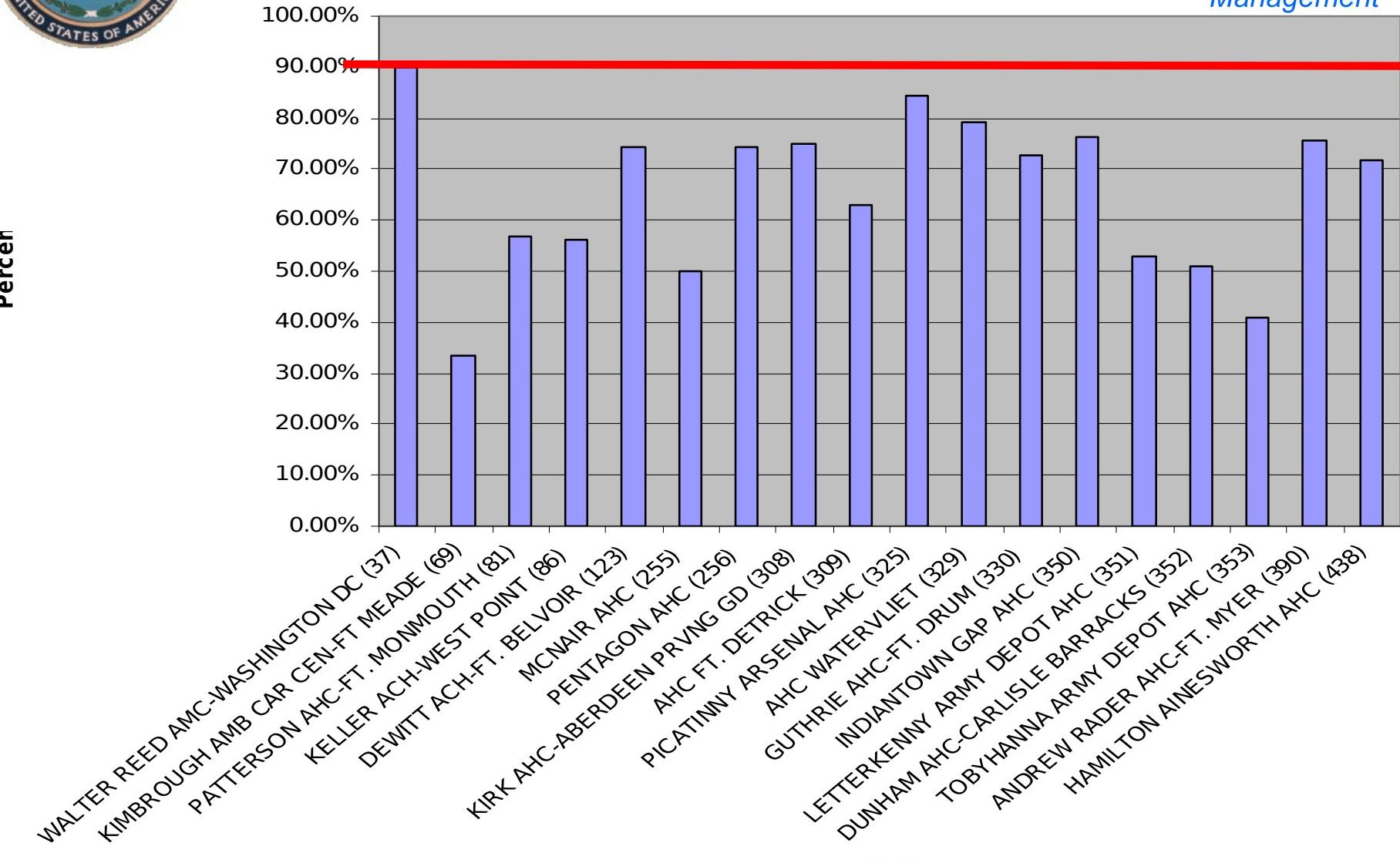
Who Produces: TRICARE Operations Center

Reporting Channels: Monthly at the DSG meeting and to the Lead Agents



# ***Standardized Appointment Types Utilization Report***

# Standardized Appointment Types Utilization Report



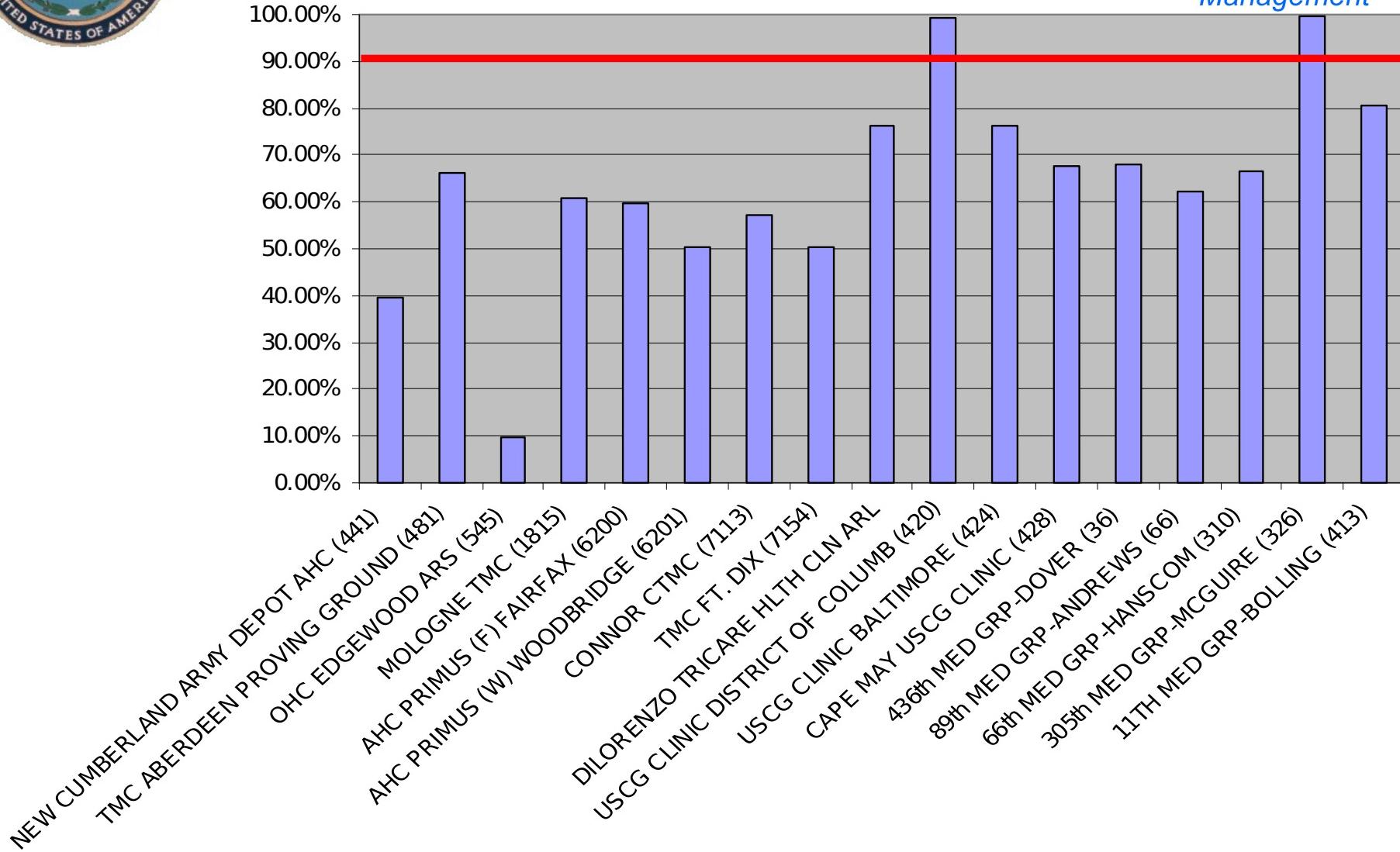


# Standardized Appointment Types Utilization Report

## Standardized Appointment Types Utilization Report



Percent



MTF

Page



# Options?

# *Timeline?*